

17

מדינת ישראל

משרד ראש הממשלה

ארכיון המדינה

נושא: מחוז השומרון - נחל עין
(סמך א"י 4899/29)

4899/29
מס' תיק

~~Abdul Qadim Haj Mohamad~~ / Abdul Qadim Haj Mohamad
Abu Saleh, Shweika

03/3/1939 - 08/7/1938

מדינת ישראל
גנזך המדינה



מ - 4899/29

מזהה פיזי

כתובת:

03/12/2003

02-108-11-11-07

מ

ארץ ישראל
ממשלת המנדט

מחלקה

מכיל מס' 103/38
תיק מס'

Medical Press in Coronary Cases

47 47

1 2 3 4 5 6 7 8 9 10 11 12

47 47

(Sgd) A. S. KHAYR
HARRIS & SONS, INC.

Ref. No.

DISTRICT OFFICES
TEL-AVIV.

37,40,50,100,101,103,106, /38
1,2,4,5,6,7,8,9,10,13, /39

~~SECRET~~

~~TULKARN~~

Date

2.3.39

CERTIFICATE.

I hereby certify that Dr.

of

Adib Khartabil

was directed by me under Section 4 of the Coroner's Ordinance 1926, to carry out

a postmortem examination on the body of

and that he is entitled to receive remuneration at the following scale:

- (1) Fee for postmortem examination of the body
- (2) Fee for giving evidence at the Coroner's Inquest.
- (3) Fees for verification on oath of a report in writing upon which the holding of the inquest was dispensed with

L.P.	Mils.
17	18
18	

TOTAL

17 18

Salah Abdul Rahman Musa
Abdul Rahman Said Jallad
Mustafa Said Jallad
Mohd. Abdul Ghani Abu Salim
Mohd. Haj Ahmad Jassid
Abdul Qadir Haj Mohd Abu Salah
Azina Haidan Hassan
Ali Ahmad Abdulla Abu Said
Hachim Hassan Hassan Said
Hussein Haj Ali Chachach
Mohd. Sh. Qasim Sacher
Mustafa Musa Awad
Ahmed Musa Awad
Mustafa Jaber Amari
Ahmed Saad Jallad
Farida Ahmed Ahmad
Abdul Rahman Mohd. Haidan Brinch Kafir Labad

Kafir Labad
Tulkarn
"
"
Shroika
Doir El Ghoun
Saffarin
Baga Charbiya
Qalqilya
Dannaba
Anabta
"
"
Tulkarn
"

Coroner, Southern District.

~~SECRET~~
H. & S.

1870

1870



23.1.39

M.O.H., TulKarm

Subject:-Notification of death.

I forward herewith notification of death
in respect of:-

1. Abdul Qader Haj Mohd. Abu Saleh
2. Abdul Rahman Ibrahim Said Jallad
3. Mustafa Ibrahim Said Jallad
4. Abdul Rahim Mansur Zindiq

completed.

(Sd) A. S. KHAYK

COMMISSIONER
HAIFA & SAM. DIST.

Copy to:-File Nos.40,50 and 92/38

7/231

MEDICO-LEGAL REPORT.

Date _____ Hour _____ injuries.

REPORT.

فقد يلى

REPORT.

Signature of Medical Officer